

Exhibit 32

AT&T Disability Benefits

Employee Guide

AT&T Integrated Disability Service Center

Important Information on:
Disability Claims
Workers' Compensation
Work Restrictions and Job Accommodations

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Where to Get More Information

AT&T INTEGRATED DISABILITY SERVICE CENTER (IDSC)

- ☎ 866-276-2278
- 🕒 Monday through Friday from 7 a.m. to 7 p.m. Central
- ☎ 866-224-4627 Toll-free (general)
- ☎ 866-856-5065 Toll-free (appeals)

ONLINE REPORTING

Initiate a claim for disability claim online

→ <https://www.e-access.att.com/hronestop>
Choose Your Health Matters, Quick Reference, “D” and Disability Home Page, viaOne Express, “Submit My New Claim” tab – My New Claim

DISABILITY CLAIM INFORMATION

viaOne Express

You can access secure online information on your claim status through viaOne Express on the Onestop Website, Your Health Matters, Quick Reference, “D” and Disability Home Page, viaOne Express.

→ <https://www.e-access.att.com/hronestop>

DISABILITY STATUS WEBSITE

The Disability Status website also provides secure online access to the status of your disability benefits claim(s). → <https://www.e-access.att.com/hronestop>

Choose Your Health Matters, Quick Reference, “D” and Disability Home Page, Disability Status Website.

Note: You will need your ATTUID and passphrase.

If you have any Human Resources or Payroll questions, contact OneStop 888-722-1787.

AT&T BENEFITS CENTER

Contact the AT&T Benefits Center regarding eligibility for health and life insurance benefits.

- ☎ 877-722-0020 (domestic)
- ☎ 847-883-0866 (international)
- 🕒 Monday through Friday from 7 a.m. to 7 p.m. Central

DISABILITY SUMMARY PLAN DESCRIPTION (SPD)

You can view your SPD by visiting the AT&T Benefits Center website:

→ <http://resources.hewitt.com/att>. Choose Health and Insurance and then Summary Plan Descriptions (SPDs/SMM/SBC/Legal Notices then SPD - Health & Welfare Summaries and Legal Information.

FAMILY MEDICAL LEAVE ACT (FMLA)

You can access information about coordination of FMLA and Disability at OneStop.

- <https://www.e-access.att.com/hronestop> or
- ☎ 888-722-1787 (say “FMLA” when prompted)
- ☎ 888-307-3652 Toll-free fax

Mailing Address:

AT&T FMLA Operations
105 Auditorium Circle 12th floor
San Antonio TX 78205

JOB ACCOMMODATION SITE

You can access the website for information on job accommodations.

→ <https://www.e-access.att.com/hronestop>
From OneStop, Quick References, select Job Accommodations – Employee Resources.

PENSION FIDELITY SERVICE CENTER

For information on your pension plans

- ☎ 800-416-2363
- 🕒 Monday through Friday from 7:30 a.m. to 11 p.m. Central

WORKERS’ COMPENSATION WEBSITE

→ <https://www.e-access.att.com/hronestop> or
Choose Quick Reference and Contacts and then Workers’ Compensation. Click on Risk Management/Workers’ Compensation website.

Note: You will need your ATTUID and intranet PIN.

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About This Guide

Refer to this guide when you are absent from work because of an illness or injury, or if you are in need of a job accommodation. This guide will take you through the process of applying for short-term disability (STD) benefits, filing a workers' compensation (WC) claim and arranging for your return to work and/or requesting job accommodations.

This guide is neither an official program document nor a summary plan description (SPD). If there is any conflict between this guide and official program documents, the official program documents supersede.

What Is the AT&T Integrated Disability Service Center (AT&T IDSC)?

The AT&T IDSC as administered by Sedgwick Claims Management Services is a third party benefits administrator. The AT&T IDSC (Sedgwick) administers the following:

- Claims for short-term disability (STD) and long-term disability (LTD) benefits under AT&T's disability benefits programs.
- Workers' compensation (WC) claims.
- The process of returning to work following a disability or an on-the-job injury absence.
- Requests for workplace restrictions and for job accommodations due to a medical condition with a duration of more than 10 business days.
- Requests for time off work that are not associated with an open/approved STD benefit claim or open/approved WC claim will be handled by a Job Accommodation Specialist at the AT&T IDSC.

Note: For AT&T Southeast region (legacy BellSouth) non-management employees, all

requests for restrictions or job accommodations made within 30 working days of an approved STD claim should be referred to the IDSC case manager who administered the employee's STD claim. Requests that are made after 30 working days will follow the job accommodation process.

How to Start a Claim for Disability Benefits

- Inform your supervisor of an absence because of an illness or on-the-job injury.
- Contact the IDSC at 866-276-2278 to initiate a claim for disability benefits as soon as you become aware of the need to take an absence of eight or more consecutive calendar days.

IMPORTANT:

All claims for Short Term Disability benefits must be reported within 60 days of your first day of absence from work. Note: This does not apply to WC.

All on-the-job injuries must be reported to your supervisor within 24 hours of the accident/incident. Your supervisor will contact the IDSC to report your WC claim.

Employee Responsibilities:

- Complete Authorization for Release of Protected Health Information forms, which are included in your initial packet. Send one completed form to your treatment provider and one to the IDSC.
- Provide the IDSC with medical evidence for disability within the required timeframe.
- Follow your treatment provider's instructions and treatment plan.
- Provide any payment required by your treatment provider in order to furnish medical evidence associated with your disability claim to the IDSC.

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- Advise your treatment provider to expect a telephone call from the IDSC.
- Notify the IDSC of any changes in your medical condition or treatment provider for your disability claim.
- Refer to your disability benefits program SPD for applicable requirements and follow them.
- Undergo medical or psychological evaluation(s), if requested by the IDSC.
- Notify the IDSC and your supervisor of any changes in your address and/or telephone number.
- Notify the IDSC if your medical provider recommends that additional time off is needed for recovery, and provide additional medical information to support your request.
- Notify your supervisor and the IDSC of your ability to return to work, including any restrictions or accommodations needed.
- Notify the IDSC of your return to work.

Duration and Amount of Disability Benefits

The duration of your disability benefits is based on your job duties and the medical information your treatment provider gives to your case manager. Your case manager may discuss the recommended length of absence for the disability with your treatment provider.

The length of time during which you are eligible to receive either full- or partial-pay disability benefits under your disability benefits program is based on your Term of Employment (formerly Net Credited Service (NCS) or Seniority) and the terms of your disability benefits program. Be sure to review your disability benefits program SPD for detailed information.

Information Needed for Approval Of Disability Benefits

Either you or your treatment provider will need to submit objective medical evidence to support your disability benefits claim that includes, but is not limited to, the severity of your condition and functionality.

Medical reports should include all information necessary to establish your disability claim, including the following where applicable:

- Current symptoms
- Other medical conditions that might affect or lengthen your recovery
- Results from physical examinations
- Observations made by your treatment provider during office visits/therapy sessions
- Findings from a formal mental-status examination, including clinical presentation and interaction
- Diagnostic tests and their results (for example, lab results, X-rays and MRIs)
- A treatment plan including prescribed medications (if any) and your response to those medications
- Complications, if any
- Level of functionality (restrictions and limitations)
- Documentation that supports the rationale your treatment provider used when determining your level of functionality
- A description of the impact that your level of functionality has on your ability to perform your job and other daily activities

It is important that you inform the IDSC if you have multiple treatment providers — for example, therapists and specialists.

Note: Only the IDSC has the authority to determine whether you have a disability that qualifies you for benefits through your company's disability benefits program.

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Continuation of Disability Benefits

At the end of your approved period of absence, if you have not returned to work, either you or your treatment provider must provide your case manager with additional objective medical information to support your continued disability benefits.

Coordination of Disability Benefits with Family Medical Leave Act (FMLA)

Any absence (beginning with the 1st date of absence) resulting in a claim for STD benefits under an AT&T disability program will also be designated as a FMLA—qualifying reason for absence. If your disability claim is approved, you will also receive an automatic FMLA approval, as long as you are eligible for FMLA and have not exhausted 12 weeks in a 12-month period under the federal FMLA or any applicable leave period under state law. FMLA runs concurrently with approved STD as well as any illness days preceding the start of STD.

Denial of Disability Benefits

If the medical information submitted by your treatment provider is not sufficient to establish your qualification for short-term disability benefits under the applicable AT&T disability program, your disability benefits will be denied.

Your case manager will contact you to explain why your claim was denied and the process to appeal the IDSC's decision. The IDSC will also notify your supervisor of the denial. Consult the Summary Plan Description for additional information regarding eligibility provisions and exclusions.

- Contact your supervisor to discuss your intent to return to work with or without

restrictions or other reasonable accommodations.

- Contact the IDSC if you wish to appeal the denial of your claim.
- After your disability claim is denied, a FMLA claim will be filled on your behalf and you will be provided an Employee Response Package via the LeaveLink tool. You must complete the employee section of the form and have your health care provider complete the remainder of the form, sign it, scan and upload the images to LeaveLink, or send it via US mail using the address given in the package. Please notify your supervisor of any changes to your home address to update your records.
- If the coverage under the FMLA (or state equivalent) is not available, you may be placed on a company leave of absence. (Such placement does not determine whether your time off will be considered excused.)

Offsets to Disability Benefits

Your disability benefits may be offset (reduced) by other sources of income that are available to you, such as State Disability Insurance (SDI), Social Security Retirement, pension benefits and WC.

If Social Security Disability Insurance (SSDI) is an applicable offset under the terms of your program and you need assistance with the application process, your case manager may refer you to preferred vendor —Allsup, Inc. — for assistance with your application at no cost to you.

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State Disability Insurance

Employees working in California, New York, New Jersey, Hawaii, Puerto Rico or Rhode Island are eligible to apply for SDI. If you work in one of these states and you qualify for STD under your disability benefits program, you must apply for SDI.

STD payments make up the difference between your SDI payment and your full- or partial-pay amount for disability benefits; therefore, the amount of SDI you receive will be deducted from your STD payment. Your SDI payment is paid by a separate check from your local state disability agency or policyholder.

Note: If you do not apply for SDI, the IDSC will assume that you did and will estimate the offset amount and deduct it from your STD payment until the IDSC receives written verification from the state.

Be sure to apply for SDI in a timely manner. If your SDI claim is denied because of late filing, any disability benefits you receive will be reduced by the estimated amount of SDI benefits you would have received if you filed on time.

Contact your local state disability agency or policyholder if you have questions about the SDI application or SDI payments.

Workers' Compensation

If you are injured on the job, you are required to report the injury within 24 hours to your supervisor. If your supervisor is not available, you are required to report to the next manager in your line of command. The IDSC will not

accept a claim from you directly nor anyone outside of your management command.

- The IDSC will then determine if you are eligible for workers' compensation benefits.

Note: Your WC benefits will be an offset to your disability benefit.

For immediate non-emergency medical treatment, you should go the nearest Concentra Clinic and tell them you are an AT&T employee. Depending on the state in which the injury occurs, you may be able to use your own physician but for immediate treatment you should still go to a Concentra Clinic. The IDSC can advise you about your right to choose a medical provider once the claim has been set up.

If you need to fill a prescription for your WC claim, AT&T Companies and Sedgwick have partnered with HELIOS, 866-599-5426, to provide you with a prescription card for your WC claim-related pharmacy needs.

All bills related to a workers' compensation injury should be sent to the following address:

AT&T Integrated Disability Service Center
P. O. Box 14627
Lexington, KY 40512-4627
866-224-4627 (fax)

For more information about Workers' Compensation, go to:

→ <https://www.e-access.att.com/hronestop>

Choose Quick Reference and then Workers' Compensation. Click on Risk Management/Workers' Compensation website.

Returning to Work

When you are released to return to work, contact your Examiner immediately. If your

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treatment provider releases you to return to work with restrictions or limitations, your Examiner will work with you, your provider and your supervisor to determine if a return to work with restrictions can be accommodated.

Work Restrictions and Job Accommodations

After you have been absent from work because of an illness or injury, you may need work restrictions or accommodations at your job site in order to return to work.

Here's how:

- You or your treatment provider should contact your Examiner at 866-276-2278 to request work restrictions or job accommodations.
- Your Examiner will advise your supervisor of the restrictions.
- Your department determines and has the final say if you can safely be accommodated within the restrictions.
- If your restrictions can not be accommodated the Examiner will refer your restrictions to a Job Accommodation Specialist who will work with you to attempt to find a temporary job placement that can accommodate the restrictions.

If your department is able to provide your work restrictions or accommodations, you will be considered a Transitional Work Program (TWP) participant. (This excludes AT&T Southeast - Legacy BellSouth, non-management employees.) Your supervisor should provide you with information about the TWP when you return to work. The IDSC monitors your case to determine:

- When you no longer need the work restrictions or accommodations.
- Whether the work restrictions or accommodations become permanent.

- Whether the medical information provided by your treatment provider no longer supports the work restrictions or accommodations.

If your department is unable to reasonably accommodate your work restrictions or accommodations, the IDSC monitors your case to determine:

- Whether the work restrictions or accommodations change or become permanent.
- Whether you no longer need the work restrictions or accommodations.

If you are requesting an accommodation under the ADA for time off work while receiving disability benefits and/or WC, please advise your assigned case manager or Job Accommodations Specialist.

Job Accommodation Requests Not Associated with a Disability Benefits or Workers' Compensation Claim

- For **on-the-job** work restrictions or accommodations lasting 10 business days or less contact your supervisor. If the anticipated duration is more than 10 business days, contact the IDSC at 1-866-276-2278 to open a job accommodation claim.
- For work restrictions or accommodations involving a **time off work of any duration**, contact the IDSC at 1-866-276-2278 to open a job accommodation claim.
- When you open a claim with the IDSC, you'll be assigned a Job Accommodations Specialist to work with you, your treatment provider and your department.
- You will be mailed a job accommodation packet which includes a medical evaluation form for your

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medical provider to complete. The Job Accommodations Specialist will contact you for relevant discussion and will review the medical form upon receipt.

- Your Job Accommodations Specialist will notify you and your department of any work restrictions or accommodations that are supported and the anticipated duration.
- Your department will consider the request for restrictions or accommodations and determine whether they can reasonably be provided. Your department may consult with your Employee Relations Manager if they have questions about the request.

If the work restrictions or accommodations are temporary (less than six months), you will be considered a Transitional Work Program (TWP) participant. (AT&T Southeast Region (legacy BellSouth) non-management employees are excluded from the TWP program.) Your supervisor should provide you with information about the TWP. If your department is able to provide the work restrictions or accommodations, your Job Accommodations Specialist will monitor your case to determine:

- When you no longer need the work restrictions or accommodations.
- Whether the work restrictions or accommodations become permanent. If your department is unable to accommodate any permanent restrictions or accommodations, an escalation to an AT&T Job Accommodations Manager will be made.
- Whether the medical information provided by your treatment provider no longer supports the work restrictions or accommodations.

Note: If an employee wants to self-identify as an individual with a disability, he/she can visit this website:

<http://ebiz.sbc.com/hronestop/index.cfm?fuseaction=Display&type=EthicsComplianceAAP>

Frequently Asked Questions and Answers

Q1: Why should I sign the Authorization for Release of Protected Health Information forms and provide them to my treatment provider?

A1: Under the guidelines of the Health Information Portability and Accountability Act (HIPAA), your treatment provider must have your permission in order to release any information relating to your illness or injury to the IDSC. You provide that permission by signing the release-of-information forms. If the IDSC does not receive medical information to support your claim, it may affect your ability to receive disability benefits.

Q2: What will be the impact on my benefit payments if the IDSC does not receive my medical information in a timely manner?

A2: It is your responsibility to ensure that your medical information is submitted to the IDSC. The IDSC will contact your treatment provider to request the necessary medical information for the period of absence. If the IDSC does not receive your information in time to meet the scheduled benefit payment cutoff, any check you receive might not include your benefit payment. If this happens and your claim is later approved, any benefits that may be due to you will be paid to you as soon as reasonably practicable. If you have additional questions, contact your supervisor.

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Q3: What happens if my disability benefits are denied and I am not able to return to work?

A3: You should contact your supervisor to discuss whether you are able to return to work with or without work restrictions or other reasonable accommodations. In addition, you should consider whether you want to file an appeal of your benefit denial with the IDSC. If coverage under the FMLA (or state equivalent) is not available, you may be placed on a company leave of absence. (Such placement does not determine whether your time off will be considered excused.)

Q4: What happens once a claim for disability benefits has been approved?

A4: Once the IDSC approves your claim for disability benefits, you must comply with the requirements in your disability benefits program. These requirements may include:

- Remaining under proper care of an appropriate treatment provider
- Being available for contact by the IDSC staff and providing information when requested
- Requesting and receiving permission from the IDSC if you wish to recuperate or travel away from home
- Having a medical or psychological evaluation, if requested by the IDSC
- Not working other jobs (including family-owned or home-based businesses)
- Not attending school

Q5: How does the FMLA work with STD benefits?

A5: FMLA will run concurrently with your approved STD benefits as long as you are eligible and have FMLA time available. However, if your STD benefits are denied,

FMLA will be submitted on your behalf and an Employee Response Package will be sent to you.

Q6: Can an employee request an accommodation through the IDSC for time off work?

A6: Yes. Example: if the employee is not eligible for FMLA or has exhausted their annual 12-week allotment.

Q7: Can I travel while I'm receiving disability benefits?

A7: Generally, travel isn't compatible with a disability absence and could aggravate your condition. Your activity while receiving disability benefits should be consistent with recovering and returning to work. If you need to travel as part of your treatment or recovery plan, contact the IDSC in advance of your travel for approval.

Q8: What happens to my health and life insurance benefits while I'm receiving disability benefits?

A8: Your health and life insurance benefits will not be affected. Any required contributions for your benefits plans (for example, medical coverage, life insurance, flexible spending accounts or savings plan) will be deducted from your disability benefits payment.

Q9: How will my payroll contributions be made for health and life insurance if I am not receiving a sufficient amount of STD benefits?

A9: In the event that your STD benefits are insufficient to cover your health and life insurance contributions and you have an outstanding balance of more than \$50 in contributions, for greater than 60 days, the AT&T Benefits Center will send a payment notice advising you that you will need to make payments directly to the

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health and life insurance eligibility and enrollment vendor for your monthly contributions in order to continue those benefits.

Q10: If my STD is for child delivery, is there anything I need to do to enroll my child for health and life benefits?

A10: To enroll your child (effective on the date of birth) for health and life benefits, you must contact the AT&T Benefits Center at 877-722-0020 within 31 days of the date of birth. If you do not enroll your child within 31 days, coverage will begin on a later date depending on the medical and life benefits plan in which you are enrolled. Please refer to your applicable medical or life benefits program SPD for more information.

Q11: Do I have to call the IDSC when my treatment provider releases me to return to work?

A11: Yes. When you are released to return to work, contact the IDSC and your supervisor. In the event that your treatment provider recommends restrictions or other accommodation in order for you to return, the IDSC will work with you and your supervisor to facilitate a safe and healthy return.

Q12: What happens if my disability benefits period has ended but I can't safely drive? How can I get to work?

A12: Transportation to work is always your responsibility. For example, if an employee experiences car trouble, he or she must make other transportation arrangements. Likewise, your company is not responsible for your transportation following a disability or during a period of partial disability.

Q13: How can I check on the status of my disability claim?

A13: Call the IDSC at 866-276-2278. The interactive voice response (IVR) system allows you to track your disability claim. You can also access claim information securely through viaOne Express at <https://www.e-access.att.com/hronestop>

Q14: If my disability benefits are denied, how can I obtain a copy of my disability claim file?

A14: In the event that your disability claim is wholly or partially denied, you can submit a signed written request to the IDSC to have a copy of your denied disability claim sent to you.

Q15: Will my supervisor be advised of the condition of my illness or injury if I am receiving disability benefits?

A15: A supervisor can ask about the status of your claim and of your expected return-to-work date while you are receiving disability benefits. Because of patient confidentiality, the IDSC will not provide a supervisor with any medical information, including the reason for your absence or your treatment provider's information.

Q16: If my treatment provider requires payment for providing medical information to the IDSC, who is responsible to make the payment?

A16: You are responsible for making the payment for providing medical information for your disability claim, if required by your treatment provider.

Q17: What happens if I do not file/report my disability claim immediately?

A17: It is the sole responsibility of the employee to report his or her disability claim. Most programs require that the claim be reported within 60 days of illness or injury. Failure to report the claim within a timely manner can impact your eligibility for disability benefits.

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